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26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: August 12, 2005

To: United States Patent and Trademark Office
Examiner: Wozniak, James S.; Art Unit: 2655

Fax: (571) 273-8300

Re: **Application Serial No.: 10/799,504**
Filing Date: 3/11/2004; First-Named Inventor: Shlomot
Attorney Docket No.: 0160116

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Response to Final Office Action dated June 13, 2005.

Thank you.

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Attorney Docket No.: 0160116

AMENDMENT COVER SHEETIN RE APPLICATION OF: Shlomot, et al.SERIAL NO.: 10/799,504 FILED: 3/11/2004FOR: Recovering an Erased Voice Frame with Time WarpingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	21	MINUS **21	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

03M0017/US

-1-

Attorney Docket No.: 0160116

- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

8/12/05

By:

Farshad Farjami, Reg. No. 41,014

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I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

8/12/05

Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Christina Carter

Farshad Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

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Attorney Docket No.: 0160116

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 12 2005

In re Application of: Shlomot, et al.

Serial No.: 10/799,504

Filed: March 11, 2004

For: Recovering an Erased Voice Frame with
Time Warping

Art Unit: 2655

Examiner: Wozniak, James S.

RESPONSE TO FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action, dated June 13, 2005, in the above-referenced patent application. Please consider the following remarks.